

①

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)

SERIAL NO. 09/913329 | FILING DATE

APPLICANT(S)

1-6-03 2-27-04 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IN
1	/		/		/						/
2	/		/		/						/
3	/		/		/						/
4			/		/						/
5		31									
5		31									
7		31									
8		31									
9		31									
10		31									
11		31									
12		31									
13		31									
14											
15											
16											
17											
18											
19		31									
20		31									
21		31									
22		31									
23		31									
24		31									
25		671		10		10					
26		31									
27		31									
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	8		9		7						
TOTAL DEP.	30	-	31	-	52	-					
TOTAL CLAIMS	38		40		59						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2

CLAIMS ONLY						Application Number 09/913,729		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41	1		1				91			
42	1		1				92			
43	1		1				93			
44							94			
45							95			
46							96			
47	1		1				97			
48	1		1				98			
49							99			
50							100			
Total Indep	2		2				Total Indep			
Total Depend	4	←	4	←	←		Total Depend	←	←	←
Total Claims	6		6				Total Claims			